DPS GRANTS ADMINISTRATION
PAY PERIOD AND ATTENDANCE REPORT
(Please complete both sides of activity report and attach to this form)

NAME OF SUBGRANTEE _____CONTRACT #_____

NAME OF EMPLOYEE _____MONTH/YEAR _____

TITLE & NATURE OF WORK PERFORMED_____

Please fill in the starting date and ending date of the pay period by month and day (example 12/25) in the appropriate box.
TIME SHEET DATES MUST CORRESPOND DIRECTLY WITH THE AGENCY'S INTERNAL PAY PERIOD.

	Start Date														End Date	
Day of Month																Subtotals
Total Hours Worked																
Total Hours Worked on Project																

Day of Month																Subtotals
Total Hours Worked																
Total Hours Worked on Project																

Total Hours Worked on Project	Divided By	Total Hours Worked This Month	Equals =	Percent of Time on Project	TIMES X	Total Salary/ Benefits for Pay Period(s)	Equals =	Amount Charged to Grant
	■		■		■		■	

I CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT STATEMENT.

_____   _____
Employee   Date

_____   _____
Supervisor   Date